

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000109488

1. Corporation Name

PROFESSIONAL LANDSCAPING, INC.

Principal Place of Business

7201 BRUNER ST.
PENSACOLA FL 32526

Mailing Address

7201 BRUNER ST.
PENSACOLA FL 32526

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/14/2001

5. FEI Number

95-4893254

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	POOLE, DAVID C	7201 BRUNER ST.	PENSACOLA FL 32526

800008581448

10/25/02--01008--005 **150.00

PR 10/29

8. Name and Address of Current Registered Agent

POOLE, DAVID C
7201 BRUNER ST.
PENSACOLA FL 32526

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10-22-02

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-22-02

Daytime Phone #

FILED
02 OCT 25 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E040 (8/02)

Professional Landscaping, Inc.

7201 Bruner St.

Pensacola, Fl 32526

Office (850) 458-6812

Fax (850) 458-5900

Dear Sir or ma'am

This letter is reference to Document # P01000109488.

***The only letter I received from your office was the final
Dissolution/Revocation form. The address is correct on the
form; however, our office is located in an apartment
complex. I assume this is why I didn't get the other forms.
When sending us mail, please include on the address
"attention Office". Thank you for your time.***


David Poole